

LR-E04-0180

April 20, 2004

New Jersey Department of
Environmental Protection
Division of Water Quality
Bureau of Permit Management
P.O. Box 029
Trenton, NJ 08625-0029
Certified Mail Number 7003 0500 0003 4363 8855

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTS SALEM GENERATING STATION PERMIT NO. NJ0005622

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of March 2004.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

Michael H. Brothers Vice President

Site Operations

Attachments

IE25

NJPDES Report March 2004

C Executive Director – DRBC
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
Manager – Nuclear Safety & Licensing
C. McAuliffe, Esq.
D. Hurka
E. Keating

SCH04-013

NJPDES Report Explanation of Deviations March 2004

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DSN_NO.

EXPLANATION

None

COUNTY OF SALEM STATE OF NEW JERSEY

I, Michael H. Brothers, of full age, being duly sworn according to law, upon my oath depose and say:

- I Michael H. Brothers, Vice President of Site Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- 2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

Michael H. Brothers Vice President Site Operations

Sworn and subscribed before me this **20** day of **April** 2004

my Commission lypires

NJPDES PERMIT	MONITORING PERI	OD	MONITORI	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	FACA - SW Outf	all FACA
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		ECK RD CREEK, NJ 08038-00	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRIE	LLC
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attac	hed
the certification or, in his absence the certification. Where the higher reponsibility or person designated	t ranking official having day-to-day manageria c a person designated by that person. For a loca est ranking operator does not have the ability to I by that person shall also sign the second certi ment works, the highest-ranking official of the	l agency, the highest authorize capital exp fication at the bottom	ranking operator of the treatenditures and hire personn of this page. If the local a	atment works shall sign el, a person having that
that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	at I have personally examined and am familiant is individuals immediately responsible for obtained significant penalties for submitting false in lew Jersey Water Pollution Control Act provid Vice President Site Operations	aining the information including	on, I believe that the inform the possibility of fine and	nation is true, accurate and
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERAT	OR GRADE AND REGIST 04/20/2004	RY NUMBER (IF APPLICABLE) 856-339-2900
	UTIVE OFFICER, AUTHORIZED AGENT, OR *LIC est ranking operator does not have the ability to a fill sign the following certification:		DATE itures and hire personnel, a p	AREA CODE/PHONE NUMBER serson having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed t	he attached discharge monitor N/A	ing reports.
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.3	9.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	ALTONOMIC CONTRACTOR	990 100 100 100 100 100 100 100 100 100	•••••	A A A A A A A A A A A A A A A A A A A	REPORT 01MOAV	REPORT 01DAMX	DEG.C	· (本)	Continuous	CONTIN
	MOL		The state of the state of]	Permittanista.	Part To Market	SHEET AND AND AND AND AND AND AND AND AND AND		24.5		
Temperature, oC	SAMPLE MEASUREMENT	*****	*****			16.1	18.8		0	Continuum	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.	**************************************	***************************************			REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL			1	HERITALIES.				2513	通過遊	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****			8.8	10.6		0	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT				*****	REPORT 01MOAV	15.3 01DAMX	DEG.C	1941 1941 1941 1941 1941 1941 1941 1941	1/Day	CALCTD
	MOLYFIA	NAME OF THE PERSON OF THE PERS			ENERGIA EN	NOTE THE SECOND	italia de la compa		影響	REAL PROPERTY.	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PP 343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT	REPORT.	REPORT		报题 图像	Not Applic	NOT AP
	MOL	and the first and the said	THE STATE OF THE S		Birthadass			1			

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

NJPDES PERMIT	MONITORING PERI	OD	MONITORE	ED LOCATION:
NJ0005622	Month Day Year 3 1 2004 To Month	Day Year 31 2004	FACB - SW Outfa	all FACB
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08	1	ECK RD	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern /	Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attack	ned
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat. I certify under penalty of law that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	t ranking official having day-to-day managerica person designated by that person. For a locater ranking operator does not have the ability to by that person shall also sign the second cert ment works, the highest-ranking official of the at I have personally examined and am familia se individuals immediately responsible for obtained are significant penalties for submitting false item Jersey Water Pollution Control Act providing President Site Operations	al agency, the highest of authorize capital expiding at the bottome contracted entity share with the information taining the information of the information, including	ranking operator of the treat penditures and hire personned of this page. If the local against the certification. It submitted in this document on, I believe that the information of the possibility of fine and	tment works shall sign el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, O	R *LICENSED OPERATO	OR GRADE AND REGIST	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LIG	CENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to a ill sign the following certification:	uthorize capital expend	itures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed t	he attached discharge monitori	ing reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 FACB SW Outfall FACB 3/1/2004 TO 3/31/2004 PSEG NUCLEAR LLC

1430003622	, I ACI	5 SW Quitali F		112004	0 3/3 1/2004	PSEG NOCE					
PARAMETER	$\overline{}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****			7.3	9.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	Accepted to the second	Processing Control of the Control of			REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MOL				LEGAL TELEFOR	ENAMES OF THE PARTY OF THE PART	ELECTRICAL TOPA	İ	4		Securior and
Temperature, oC	SAMPLE MEASUREMENT	*****	*****			15.7	18.8		0	Con Tin word	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	40466		12.55.75.47.47.45.55 10.55.75.47.45.75.75 10.55.75.45.45.75.75.75.75.75.75.75.75.75.75.75.75.75	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL]	ELMIES COMES	LESSES SELECTE	ANGELES S			SECTION AND ADDRESS.	
Temperature,	SAMPLE MEASUREMENT	*****	*****			8.4	10.0		0	1/ Pay	CALOTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT				1000	REPORT 01MOAV	15.3 01DAMX	DEG.C	THE STATE OF	1/Day	CALCTD
	MOL	ALTO BOLL TO	DE CASTRICE		CHARANATERA	BELLEVINE AND A STREET	A CONTRACTOR			Section 1	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT-		REPORT	REPORT	REPORT			Not Applic	NOT AP
	MOLO SA			.]	CASSICALISM.	HAVING WALLEY	area de la constante de la con	1	100	WHILE TO	

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

	<u> </u>			
NJPDES PERMIT	MONITORING PERI	OD	MONITORI	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	FACC - SW Outfa	all FACC
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		ECK RD	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRIL	LLC
	REGION / COUNTY: Southern /	Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attacl	hed
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerials a person designated by that person. For a local st ranking operator does not have the ability to by that person shall also sign the second certiment works, the highest-ranking official of the	d agency, the highest authorize capital exp fication at the botton	ranking operator of the treat penditures and hire personn of this page. If the local a	atment works shall sign el, a person having that
that, based on my inquiry of tho complete. I am aware that there	at I have personally examined and am familia se individuals immediately responsible for ob are significant penalties for submitting false i lew Jersey Water Pollution Control Act provid	taining the information of ormation, including	on, I believe that the inform the possibility of fine and	nation is true, accurate and
Michael H. Brothers, V	ice President Site Operations		N/A	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OF	*LICENSED OPERAT	OR GRADE AND REGIST 04/20/2004	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to a all sign the following certification:	uthorize capital expend	itures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed	the attached discharge monitor N/A	ing reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

										,	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2480	2653		*****	*****	*****		0	1/Day	CALOTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD			40 70 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18		· · · · · · · · · · · · · · · · · · ·	1/Day	CALCTD
	MOL		The Control of the Co		A STATE OF THE STA	222/23/25	SHEMEN THE		123		STATOS CO.
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13799	15762		ļ	*****	*****		0	1/Day	CALCTO
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	мвтилня	***************************************					1/Day	CALCTD
	MOL	THE PERSONS			ELLENGED)	WEIGHT AND		1	343		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT	HEPORT Lab #	REPORT.]		Not Applic	
<u> </u>						HANNING THE SECOND	被可能的加加			1	ASSET L

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

	<u> </u>			
NJPDES PERMIT	MONITORING PERI	OD	MONITORED LOCATION:	
NJ0005622	Month Day Year 3 1 2004 To Month	Day Year 31 2004	048C - SW Outfall 48C	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		ECK RD	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	
	REGION / COUNTY: Southern /	Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attached	
the certification or, in his absence the certification. Where the higher reponsibility or person designated	e a person designated by that person. For a loc est ranking operator does not have the ability t	al agency, the highest o authorize capital exp ification at the bottom	ponsibilities for the discharging facility shall sign ranking operator of the treatment works shall sign penditures and hire personnel, a person having that a of this page. If the local agency has contracted wall sign the certification.	1
that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	se individuals immediately responsible for ob	taining the information	n submitted in this document and all attachments, on, I believe that the information is true, accurate g the possibility of fine and/or imprisonment, purs \$50,000 per violation. N/A	and
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, O	R *LICENSED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLIC 04/20/2004 856-339-2900	
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	CENSED OPERATOR	DATE AREA CODE/PHONE N	UMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to a all sign the following certification:	uthorize capital expend	litures and hire personnel, a person having that respon	sibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed (the attached discharge monitoring reports. N/A N/A	
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE N	UMBER

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622048C SW Outfall 48C3/1/2004 TO 3/31/2004PSEG NUCLEAR LLC

· PARAMETER		QUANTITY C	R LOADING	UNITS	QUALI	ry or concentr	ATION	UNITS	NO. EX,	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1529	0.4110			*****	*****		0	1/Day	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****	表面 分型 加速	1/Day	CALCTD
Solids, Total	SAMPLE MEASUREMENT	*****	*****			/5	/8		0	2/Month	COMPOS
Suspended 00530 1 Effluent Gross Value	PERMIT REQUIREMENT	The second secon		*****		30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia	MDL SAMPLE	HEROTERIA	<u> Cerrollia</u>		STATE SALE				ROW		
Total (as N) 00610 1 Effluent Gross Value	MEASUREMENT PERMIT REQUIREMENT			******		2 35 01MOAV	70 01DAMX	MG/L	6	2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	######################################			<0.5	<0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		***************************************			10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	अवस्थित स्थापित br>******	Charles and Carlot and		I See See See See See See See See See Se	2 9	42		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT			•••••		REPORT 01MOAV	50 01DAMX	MG/L	はない。	2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		P1343			<u> </u>	Religi		
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT-		REPORT	REPORT	REPORT		\$33 333 333	Not Applic	NOT AP
•	MOL	AND	THE STATE OF THE S]	NEW SOLD	Harania Salah	Edition Street		-		MAN TO THE

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

	· .			·
NJPDES PERMIT	MONITORING PERIO	DD	MONITORI	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	481A - SW Outfal	l 481A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		CK RD	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIL	LC
	REGION / COUNTY: Southern / S	Salem County	• •	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	☐ Monitoring	Report Comments Attack	ned .
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	tranking official having day-to-day manageria a person designated by that person. For a local stranking operator does not have the ability to by that person shall also sign the second certiment works, the highest-ranking official of the at I have personally examined and am familiar se individuals immediately responsible for obtained are significant penalties for submitting false in lew Jersey Water Pollution Control Act providuations.	l agency, the highest authorize capital expication at the bottom contracted entity shawith the information aining the information formation, including	ranking operator of the treat benditures and hire personned of this page. If the local and ill sign the certification. In submitted in this document on, I believe that the information of the possibility of fine and	ettment works shall sign el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
	Vice President Site Operations	<u> </u>		
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERAT	OR GRADE AND REGIST 04/20/2004	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to at all sign the following certification:	 thorize capital expend 	itures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have no N/A	eceived and reviewed (he attached discharge monitor N/A	ing reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

3/1/2004 TO 3/3 1/2004

PSEG NUCLEAR LLC

		Str Outlan 40			0 0/0/1/2004						
PARAMETER	>	QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	462	476		*****	*****	*****		0	11 Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
рН	MOL STATE	The second of the second of the	AND		ASSAUGAUS	SCHOOL SC	可能是到1000年		¥25	MANUAL CO	是各种的图式等
	SAMPLE MEASUREMENT	*****	****		7.2	*****	8.0		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••• •	6.0 01DAMN	**************************************	9.0 01DAMX	su	验	1/Week	GRAB
	MOL				CHARRE	THE LEADER	A STATE STATE OF THE STATE OF T		THE STATE OF		and the last
Hq	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.0		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT	**************************************	The state of the s	_ ••••••	REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB
 	MDL	EXPLEMENT	Miller Files		THE TAX THE	SHE WANTED	Blishman	<u> </u>			
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	****	*****		0	CODE = N	CODE : N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	100 mm 10	**************************************	•••••	50 01DAMN	Annah An		%EFFL		2/Year	COMPOS
	MDL 3	The state of the s	A low last to down of the particular	l	La Selection of the Control of the C	The state of the state of the		1	13.7		The state of the s
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		l Seesses	CODEEN	CODE =N		0	C017/5 = N	00175710
Oxidants	21 S 11 FR 2 C 2 P 45	L. Paris paris V. S. P. L. S. S. S.	. Cur in the A banks made.	1	The grant to More States and			-	-	 	
*CPOX_1 Effluent Gross Value	PERMIT REQUIREMENT	The state of the s	######################################	******		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL	STREET, STREET	The second second	1 .			REMARKS TAKED	1			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		1	0.1	0.2			3/week	GRAB
*CPOX 1	PERMIT	Section of the sectio	A CONTRACTOR OF THE STATE OF TH	•••••		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	MÓL	PARTER VINES	Control of the Contro								

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

PERMIT NUMBER: MONITORED LOCA

NJ0005622

MONITORED LOCATION: MONITORING PERIOD:

481A SW Outfall 481A 3/1/2004 TO 3/31/2004

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	****	*****			16.1	20.7		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	######################################		•••••		REPORT 01MOAV	REPORT.	DEG.C		1/Day	CONTIN
1-1-0-14	MOL					E STEEL SAME	is successful and the second				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343						
99999 99 Lab	PERMIT REQUIREMENT.	REPORT:	REPORT		REPORT Lab #	REPORT	REPORT		A STATE OF THE STA	Not Applic	NOT AP
	}		AT THE THE PROPERTY OF THE	1	SECTION OF THE SECTIO		MARIE MARIE	}	3,613		

FACILITY NAME:

PSEG NUCLEAR LLC

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

	•			
NJPDES PERMIT	MONITORING PERIC	D	MONITOR	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	482A - SW Outfa	II 482A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 086	<u>:</u>	CK RD	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII	LLC
	REGION / COUNTY: Southern / S	alem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attac	hed
the certification or, in his absence the certification. Where the higher eponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	ranking official having day-to-day managerial a person designated by that person. For a local st ranking operator does not have the ability to by that person shall also sign the second certificant works, the highest-ranking official of the t I have personally examined and am familiar is individuals immediately responsible for obtaine significant penalties for submitting false in ew Jersey Water Pollution Control Act provide ice President Site Operations	agency, the highest authorize capital expication at the bottom contracted entity shawith the information ining the information formation, including	ranking operator of the tre- enditures and hire personn of this page. If the local a Il sign the certification. a submitted in this docume on, I believe that the infor- the possibility of fine and	atment works shall sign tel, a person having that tegency has contracted with tent and all attachments, and mation is true, accurate and
		t torners over the		
M W	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	·LICENSED OPERATO	04/20/2004	856-339-2900
:	OTIVE OFFICER, AUTHORIZED AGENT, OR *LICI est ranking operator does not have the ability to all ll sign the following certification:		DATE itures and hire personnel, a p	AREA CODE/PHONE NUMBER person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have n	eceived and reviewed t	he attached discharge monitor N/A	ring reports N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

	40ZA	SW Outrail 48	ZA 31	112004	0 3/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	423	453		ļ	*****	*****		0	1/Day	CALOTA
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	The second secon	STANCE OF LANGE OF STANCE		*****		1/Day	CALCTD
pH	763C C Company ages principal	water services for the			Termination States	MEMORITAN SE	HEIGHT WEEK		ELX.		
	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.0		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	The state of the s	Market Control	*****	6.0 01DAMN		9.0 O1DAMX	su		1/Week	GRAB
	MOL	THE PARTY OF THE P			ELEPTER ME	非理论基础处理	HERITA SAN	L			
рН	SAMPLE MEASUREMENT	*****	44444		7.1	*****	8.0		0	1/work	GRAN
00400 7 Intake From Stream	PERMIT REQUIREMENT		**************************************	*****	REPORT 01DAMN	******	REPORT 01DAMX	ຣບ		1/Week	GRAB
	MOL		原始是其中的		Branch and the same	REAL PROPERTY.		ļ			
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODETN	CODESN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****	50 01DAMN			%EFFL		2/Year	COMPOS
	MOL		THUMAN		MARKET SERVICE	经是是不是					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			CODE = N	CODEEN		0	COOKEN	C0015 = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************		*****	The sales of the s	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL (C)	AND ASSESSED.	AVIII VA ALLA		ELECTION OF THE		MENGEN SER			Care Control	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****** .	*****		.	<0.1	<0.1		0	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	The American Country of the Property and the State of the Country		*****	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	Zivili Zivili	Target and the same		情视器影響的說	MINISTERNAL PROPERTY.	THE STATE OF THE S		254	WENTER A	

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	DING UNITS QUALITY OR CONCENTRATION				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****			15.9	21.4		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	assas				REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	ST MOLISTS			<u> </u>	MENTAL	LIMEROUS SA	NEW COLUMN		E SE		
Lab definication #	SAMPLE MEASUREMENT	17327	0643/	,	Ph343					l	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT]]	REPORT	REPORT.	REPORT			Not Applic	NOT AP
	MOL]	THE CONTRACTOR OF THE PARTY OF	Name of the second	THE STREET			Town Add	

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

NJPDES PERMIT	MONITORING PERI	OD	MONITORED LOCATION:
.NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	483A - SW Outfall 483A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		CK RD	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION/COUNTY: Southern/	Salem County	·
CHECK IF APPLICABLE:	No Discharge this Monitoring Period		g Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat. I certify under penalty of law that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	e a person designated by that person. For a local stranking operator does not have the ability to do by that person shall also sign the second cert ment works, the highest-ranking official of the at I have personally examined and am familia se individuals immediately responsible for ob-	al agency, the highest authorize capital experience of fication at the bottom contracted entity shad with the information taining the information	on submitted in this document and all attachments, and ion, I believe that the information is true, accurate and g the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, O	*LICENSED OPERAT	FOR GRADE AND REGISTRY NUMBER (IF APPLICABLE 04/20/2004 856-339-2900
	UTIVE OFFICER, AUTHORIZED AGENT, OR *Lic est ranking operator does not have the ability to a till sign the following certification:	1	DATE AREA CODE/PHONE NUMBER
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed t	the attached discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

1100003022					0 0/0 /2004		·				
PARAMETER		QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	349	448		1	*****	*****		0	1/Day	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD	to be a second or the second of			*****		1/Day	CALCTD
pH	450. 25532361	all the season with the season the season to	Manager of Barbaron Plan		SET A SAME PLANTED	and the state of t	TO STATE ASSESSMENT OF THE PARTY OF THE PART		3.430	Switches Later State	Standard House
r	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8. /		0	Ilwook	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	·····································	And the second of the second o	*****	6.0 O1DAMN	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9.0 01DAMX	su		1/Week	GRAB
	MOL // C	no espate de la compansión				Restalling and	FERRINGS.		43.27		and the second
рН	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.0	ļ !	0	Ilwork	GRAB
00400 7 Intake From Stream	PERMIT				REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
	MDL	erenistration of			ANS DATE OF THE SECOND	對為國際級	SANGE LASS		166		是在社会证
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			CODE = IV	CODE=N		0	CODEIN	CONFEN
CPOX 1	PERMIT	Control of the second		·		0.3	0.5	MG/L	\$\$\%.	3/Week	GRAB
Effluent Gross Value	REQUIREMENT	100 100 100 100 100 100 100 100 100 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			01MOAV	01DAMX	More	10.7		
Option 1	MOL 255	i i i i i i i i i i i i i i i i i i i	The second second]	A SHEET WATER	PREPARE TO SERVICE AND ADDRESS OF THE PARENTS OF TH	是特別的問題		Sit.		THE THE
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			<0.1	<0.1		0	3/Neck	GRAB
*CPOX 1	PERMIT				Martin Committee State State St.	REPORT	0.2	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT]	**************************************	01MOAV	01DAMX] ""	7		
Option 2	PAR MOLITER	PER ENGLISHED	Marking and the second			and the state of t	ALTERNATION.		All	LESS IN	12 2 mar 200 10 10 10 10 10 10 10 10 10 10 10 10 1
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	}		17.2	26.7		0	1/Duy	CONTIN
00010 1 Effluent Gross Value	PERMIT	*****	STATE OF THE STATE	,	The second secon	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
,	MDL	CONTRACTOR		1				1			

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

·PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.		SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327 06431		PA 343				
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT Lab #		REPORT REPORT Lab # Lab #			Not Applic	NOT AP

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

•	Surface Whiter Discharge Monthly Reports	
NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 3 1 2004 To 3 31 2004	484A - SW Outfall 484A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitorin	g Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat. I certify under penalty of law that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	tranking official having day-to-day managerial and operational re- ea person designated by that person. For a local agency, the highest st ranking operator does not have the ability to authorize capital ex- d by that person shall also sign the second certification at the botto- ment works, the highest-ranking official of the contracted entity shall have personally examined and am familiar, with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to lice President Site Operations	st ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that m of this page. If the local agency has contracted with hall sign the certification. on submitted in this document and all attachments, and ition, I believe that the information is true, accurate and ag the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	TOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 04/20/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sho	est ranking operator does not have the ability to authorize capital exper all sign the following certification:	nditures and hire personnel, a person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed N/A	the attached discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

1100003022		SW Outlan 46			0 3/3 (/2004						
PARAMETER		QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	461	481			*****	*****		0	1/Duy	CALOTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	######################################		######################################	*****		1/Day	CALCTD
pH	MOL									**************************************	<u> जिल्ला के स्टब्स्ट</u>
.	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.1		0	1/Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	6.0 OIDAMN	64664 64664 1000000000000000000000000000	9.0 01DAMX	ຣບ	97.11.144 15.56.00 20.47.00	1/Week	GRAB
	THE MOUNT		HERE THE HEALTH				NO PRODUCT		Acce		Lay, Tillering
Hq	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.0		0	Through	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT,				REPORT 01DAMN		REPORT 01DAMX	ຮບ		1/Week	GRAB
	MOUSE	MATERIAL SERVICES	MATHEMANNE MA		THE PARTY OF THE P		THE PARTY OF THE PARTY OF THE		新	esene - Les	The same of the sa
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COPEEN	*****	*****		0	COPESN	C0082D
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		50 01DAMN	******	*******	%EFFL	技術 物理	2/Year	COMPOS
	MDL			1	AND TO MARKET THE LAND.	HARLETTENE	ALTERNATION AND AND ADDRESS OF THE PARTY OF	1	200 m		The second second
Chlorine Produced	SAMPLE MEASUREMENT		*****			COPFIN	CODE = N		0	CODE = N	CODEIN
Oxidants *CPOX 1	PERMIT	Acceptance of the second			STATE OF STA	0.3 01MOAV	0.5 01DAMX	MG/L		Ø 3/Wéek ∰	GRAB
Effluent Gross Value	H 1417, H 251, 2 1	The second second second second	ere a finisher, medi biring.	-	ent of the segment of the second	"" To be him to the	TOTOMINA	.	1		
Option 1 Chlorine Produced	MOL	To the state of th	Tiene Plating and					 	\$ 10 m		
Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0./	40.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	74.45 - 1.44 - 1.45 - 1	State State Control of the Control o	*****	A STATE OF THE STA	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	2012 AND	THE COURT OF THE PARTY OF THE P	1		Tares din sa	AND PROPERTY.]	3.6		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622484A SW Outfail 484A3/1/2004 TO 3/31/2004PSEG NUCLEAR LLC

PARAMETER	$\overline{}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	15.9	23.7		0	1/Pay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.		estace The Control of		Andrea Transport	REPORT 01MOAV	REPORT 01DAMX	DEG.C			
	MOL	NAME OF THE PARTY	THE PROPERTY OF THE PARTY OF TH	Ì	ALLEGE STATE	entilities selection;	企业经营营业		in is	in the same	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		P'A343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT	REPORT Lab #	REPORT			Not Applic	NOT AP
		NEW YORK WAS IN		1				ł	2.0		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

•	1	gk		
NJPDES PERMIT	MONITORING PERIO	OD	MONITORI	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	485A - SW Outfal	l 485A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		CK RD	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / S	Salem County		
				_
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	· · ·	Report Comments Attacl	
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial a person designated by that person. For a local st ranking operator does not have the ability to by that person shall also sign the second certificant works, the highest-ranking official of the	l agency, the highest authorize capital exp lication at the bottom	ranking operator of the treat cenditures and hire personned to of this page. If the local a	tment works shall sign el, a person having that
that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	at I have personally examined and am familiar se individuals immediately responsible for obtained significant penalties for submitting false in lew Jersey Water Pollution Control Act provide ice President Site Operations	aining the information formation, including	on, I believe that the inform the possibility of fine and	nation is true, accurate and
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERAT	OR GRADE AND REGIST 04/20/2004	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	est ranking operator does not have the ability to a ll sign the following certification:	thorize capital expend	itures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have n	eceived and reviewed (the attached discharge monitor N/A	ing reports. N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

	,,,,,	Off Cation 40.			i						
PARAMETER	X	QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	443	. 457			*****	*****		0	1/Pay	CALETD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT- 01DAMX	MGD		Andreas & Constitution of the Constitution of		*****		1/Day	CALCTD
рН	MOL	THE MANUEL	THE STATE OF THE S			records arranged to the state of the state o		<u> </u>	-	HOLE HOLE	turis single and
F	SAMPLE MEASUREMENT	* *****	*****	 	7.4	*****	8.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT			******	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
	MOL	NAME OF THE PARTY.			San Black Braker	FULLERANT	Kirdletidikka		談	le van de de le C	
рН	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.0		0	1/week	GRAIS
00400 7 Intake From Stream	PERMIT AND REQUIREMENT			******	REPORT (7)		REPORT 01DAMX	รบ		1/Week	GRAB
	MDL	NATURALITY OF THE PROPERTY OF		İ	REAL PROPERTY OF THE PARTY OF T	经过的企业	Light Control of the		2	ALCOHOL:	DE GELLES
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODESN	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT				50 01DAMN			%EFFL		2/Year	COMPOS
	MDL Y		347443462 <u>8</u> 2]	1444444	自主在特別透出	LEE STATE OF THE	<u> </u>	1		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			COPE=N	COPE=N		0	COPE > N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT					0.3 01MOAV	0.5 01DAMX	MG/L	を変え	3/Week	GRAB
Option 1	MDL	INTERNITALIS.]		TO THE PARTY OF THE PARTY.]		12.50	Part of the same
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/wook	GRAB
*CPOX 1 Effluent Gross Value	PERMIT			•••••		REPORT 01MOAV	0.2 01DAMX	MG/L	· 英雄	3/Week	GRÁB
Option 2	MOL PARTY		I. P. M. Marie Co.					1			A Secretary
<u> </u>	THE PASS OF SHEET PRINCE	I consider a fat a de seus de la fate que que	TY KYRCASPORT LIFE WATER PRINCE BY		والرائز والالمانيان الدائمة الدائمة والمالة والمالية والمالية والمالية والمالية والمالية والمالية والمالية	I will demind a fact the first freeze and to the	muse with a woment of the by	1	- Arechie	Commercial Commercial	CARTE LEGICAL CONTRACTOR

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****			16.0	2/.2		0	IPOY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.	Participation of the second of		*****	A STATE OF THE STA	REPORT 01MOAV	REPORT 01DAMX	DEG.C	125	The state of the state of	CONTIN
	MDL	I de la companya de l			SESSECTION.	MANAGEME	Machinal Page		1.1		经验补销 基
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		Ph343					 	
99999 99 Lab	PERMIT PROUREMENT	REPORT	REPORT.		REPORT	REPORT	REPORT-			Not Applic	NOT AP
	MDL				THEFT	FINISIAL SES	A CHILL PARTS				

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

•				
NJPDES PERMIT	MONITORING PERI	OD	MONITORI	ED LOCATION:
NJ0005622	Month Day Year Month 3 1 2004 To 3	Day Year 31 2004	486A - SW Outfal	l 486A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		ECK RD CREEK, NJ 08038-00	REPORT REC PSEG NUCLEAR) PO BOX 236/N21 HANCOCKS BRIE	LLC
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attac	hed
the certification. Where the higher reponsibility or person designated another entity to operate the treatr. I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there a to N.J.A.C. 7:14A-6.9(B). The N	a person designated by that person. For a local stranking operator does not have the ability to by that person shall also sign the second cert ment works, the highest-ranking official of the t I have personally examined and am familiate individuals immediately responsible for obtaine significant penalties for submitting false it we Jersey Water Pollution Control Act providice President Site Operations	authorize capital expension at the bottom contracted entity share with the information taining the information formation, including	penditures and hire personn of this page. If the local a Il sign the certification. In submitted in this docume on, I believe that the inform of the possibility of fine and	el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, O	R*LICENSED OPERAT	OR GRADE AND REGIST 04/20/2004	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER.
	est ranking operator does not have the ability to a			
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have N/A	received and reviewed (the attached discharge monitor	ing reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	407	418			*****	*****		0	1/Day	CALCED
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	THE STATE OF THE S	4.0		*****		1/Day	CALCTD
	MDL		THE PERSON		Extended to Control of the Control				Mag	427	Barrio Landa.
pН	SAMPLE MEASUREMENT	*****		<i>,</i>	7.4	*****	8.1		0	Ilwook	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*****	6.0 01DAMN		9.0 01DAMX	sv	K. 54. 14.54 14.54 14.00 16.00	1/Week	GRAB
	MOL	all a succession and a	STATES STATES		HAMILE HERE	NEVERTHER STATES	a sie de la commencia de la co	ļ	23	denienta.	55554211
pH	SAMPLE MEASUREMENT	*****	*****	<u> </u>	7.1	*****	8.0		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT	100 100 100 100 100 100 100 100 100 100			REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB
	MDL	uranamana	2624616466]	THE STREET	PARTITION OF THE PARTY OF THE P	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	}			
Chlorine Produced	SAMPLE	*****									
Oxidants	MEASUREMENT			<u> </u>	*****	CODE = N	CODE=N]	0	CODEEN	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	Escalation and acceptable and accept			HOW HOUSE TO A PARTY OF THE PAR	0.3 01MOAV	0.5 01DAMX	MG/L	6.53c	3/Week	GRAB
Option 1	MOL	JACAZETA	is from Establish	}	CHAPTER TO	ESPORAGE ES			4.9		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT		*****		*****	<0.1	40.1		0	3/week	GRAD
*CPOX 1	Section of the Section	Tark-Miller and this set	Supposesting agree	1	Karon et Hando fight	REPORT	· 0.2	-	75/817	3/Week	A GRAB WAS
Effluent Gross Value	PERMIT REQUIREMENT.	*****	*****	******	*******	01MOAV	01DAMX	MG/L) January Control	THE STATE OF THE STATE OF
Option 2	MDL	Water and the same of the same	BELLEVICE CONTROL	1	1997 Televisia	The Control of the Wild		1	1		
Temperature,	SAMPLE MEASUREMENT		#####		*****	/5.5	22.6		0	1/Pay	CONTIN
00010 1	The same	Semestral Parket Haller	विकास स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स	1				}	£ 15 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /		
Effluent Gross Value	PERMIT REQUIREMENT	A STATE OF THE PROPERTY OF THE PARTY OF THE		******	*******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	五 MOLAIN	MENTE STATES			BASE TON THE STA			1		A-SLED CLANT ASSE	MINISTER

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 486A SW Outfall 486A 3/1/2004 TO 3/31/2004 PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PB343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT	1	REPORT Lab #	REPORT.	REPORT			Not Applic	NOT AP
	MDL TO	SECTION OF THE PROPERTY.	With the second		And the second second	STATE OF THE PROPERTY OF THE PARTY OF THE PA	2000年的1000年9		14.15	ALTERNA	

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

				i		
NJPDES PERMIT		MONITO	RING PERI	OD		MONITORED LOCATION:
NJ0005622	Month Da		To Month	Day 31	Year 2004	487B - SW Outfall 487B
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080)38	PSEG NU	TION OF A UCLEAR LLC AY CREEK N ALLOWAYS 'Y: Southern /	ECK RD CREEK, 1	41 08038-00	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	No Disch	arge this Moni	itoring Period	;	Monitoring	Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos	a person design st ranking opera- by that person nent works, the t I have person- se individuals in are significant p ew Jersey Water	nated by that pe ator does not ha shall also sign chighest-rankin hally examined mmediately respenalties for suler Pollution Cor	erson. For a locative the ability the second cert g official of the and am familia ponsible for obmitting false attrol Act proving	al agency, o authorized ification at econtracte ar with the otaining the information	the highest capital exp the bottom d entity sha information information in including	n submitted in this document and all attachments, and on, I believe that the information is true, accurate and g the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFF	FICER, AUTHORI	IZED AGENT, O	R*LICENS	ED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE 04/20/2004 856-339-2900
*For a local agency where the higher person designated by that person shall	est ranking opera ll sign the followi	ator does not hav ing certification:	e the ability to a	uithorize ca	pital expend	DATE AREA CODE/PHONE NUMBEr litures and hire personnel, a person having that responsibility the attached discharge monitoring reports.
N/A NAME AND TITLE		SIGNATURE	N/A 			DATE AREA CODE/PHONE NUMBE

Surface Water Discharge Monitoring Report Submittal Form

NJ0005622		
	Month Day Year Month Day Year 3 1 2004 To 3 31 2004	489A - SW Outfall 489A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080	· ·	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	☐ No Discharge this Monitoring Period ☐ Monitoring	Report Comments Attached
he certification or, in his absence he certification. Where the higher eponsibility or person designated	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest it ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shall	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice President Site Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

O4/20/2004

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

*For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

3/1/2004 TO 3/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1345	0.1345		1	*****	*****		0	1/Month	CAKETA
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Month	CALCTD
· · · · · · · · · · · · · · · · · · ·	MDL	にはいい。	San San San San San San San San San San			To the production of process to the second	HINE TO SEE		H. II	经 的基础	Wild Sand
pH ·	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		*******	*****	6.0 01DAMN	and the same of th	9.0 01DAMX	su		1/Month	GRAB
	MDL	THE STATE OF THE S			MARKE VA	TOTAL CONTROL OF	NEW YEAR		***	Charles 13	
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		4	4	*****	i	0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT.		******	.	100 01DAMX	30 01MOAV		MG/L		1/Month	GRAB
	MOL287.55		MATERIAL STATES	1	ALEXANDER DE LA COMP	KARALANIA	MENTAL		4	10.5	
Petroleum	SAMPLE								1		
Hydrocarbons	MEASUREMENT	*****	*****	ļ	*****	<0.5	105		0	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	**************************************	10 01MOAV~	15 01DAMX	MG/L		1/Month	GRAB
	MOL	Land Control of the second		1			THE WAR PARTY	1	1000		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		1	9	9		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT			•••••	The state of the s	REPORT 01MOAV	50 01DAMX	MG/L	3, 1-5, 1 3, 1-5, 1 3, 1-5, 1 8, 1-4, 1	1/Month	GRAB
Ciliuent Gross value	MDL	he descriptions	CONTRACTOR STATE	}		Sales To Contract Con		-	in a s		
Lab Certification #	SAMPLE MEASUREMENT		0643/		PA343	Parties to the facility of the			1.4.	g patentinal structure of the Carlot	CARPANA MUNICIPALITA
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT.		REPORT	REPORT	REPORT		35.5 1.27	Not Applic	NOT AP
	MOU			1	TO A KING THE	value en en en en en en en en en en en en en					

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".